

Air Ambulance Flight Charges, 2019

Statutory Requirement

SB95, *Air Ambulance Amendments* (Sen. W. Harper) from the 2017 General Session requires the Utah Department of Health and the Utah Health Data Committee to report air ambulance charges in the State of Utah. This report addresses the required data publication using claims information from the Utah All Payer Claims Database for calendar year 2019.

26-8a-203 Data collection.

(2)(b) Beginning July 1, 2017, the committee shall coordinate with the Health Data Authority created in Chapter 33a, Utah Health Data Authority Act, to create a report of data collected by the Health Data Committee under Section 26-33a-106.1 regarding:

- (i) appropriate analytical methods;
- (ii) the total amount of air ambulance flight charges in the state for a one-year period; and
- (iii) of the total number of flights in a one-year period under Subsection (2)(b)(i):
 - (A) the number of flights for which a patient had no personal responsibility for paying part of the flight charges;
 - (B) the number of flights for which a patient had personal responsibility to pay all or part of the flight charges;
 - (C) the range of flight charges for which patients had personal responsibility under Subsection (2)(b)(iii)(B), including the median amount for paid patient personal responsibility; and
 - (D) the name of any air ambulance provider that received a median paid amount for patient responsibility in excess of the median amount for all paid patient personal responsibility during the reporting year.

Requested Statistical Information

The Utah Department of Health, Office of Health Care Statistics (OHCS) provides the following required information for calendar year 2019:

Total billed charges for air ambulance flights	\$49,290,691
Total number of air ambulance flights	1565
Number of flights with no patient responsibility for paying part of the charges	1196 (76.4%)
Number of flights where the patient was responsible for paying all of part of the charges	369 (23.6%)
Minimum patient responsibility* (excluding zeroes)	\$3
Median patient responsibility* (excluding zeroes)	\$1,588
Maximum patient responsibility*	\$7,385

**Note this excludes any balance billing*

Company	Number of 2019 claims (Including zeros)	Median patient responsibility* (excluding zeroes)
Intermountain Life Flight	1,008	\$1,627
AirMed (University Health Care)	255	\$1,530
Classic Lifeguard (Classic Air Medical)	138	\$1,431
Guardian Flight (AMRG)	56	\$783
St Mary's Medical Center	14	\$1,079
Rocky Mountain Holdings, LLC	13	\$1,422
San Juan Regional Medical Center	12	\$1,546
Life Flight Network LLC	9	\$1,641
Reach Air Medical Services LLC	7	\$2,798
Mercy Air Service	6	\$1,866
St Luke's Regional Medical Center	5	\$3,929
Other	27	\$1,297

**Note this excludes any balance billing*

Company	Number of 2020 claims	Number of Out of Network Flags
Intermountain Life Flight	390	4 (1.0%)
AirMed (University Health Care)	75	5 (6.7%)
Classic Lifeguard (Classic Air Medical)	41	5 (12.2%)

Guardian Flight (AMRG)	32	8 (25%)
St Mary's Medical Center	4	0 (0%)
San Juan Regional Medical Center	4	0 (0%)
Life Flight Network LLC	1	1 (100%)
Reach Air Medical Services LLC	1	1 (100%)
Mercy Air Service	2	0 (0%)
Other	10	1 (10%)

*Note this is preliminary data for 2020 and only includes the first few months of 2020

Analytical Methods

The following analytical methods were used.

1. **Data Source:** The Utah All Payer Claims Database (APCD) contains information from health plans, insurers and other carriers with more than 2,500 Utah covered lives. In 2019, the APCD represented over 80% of covered Utahns (excluding Medicare).
2. **Definition of an air ambulance flight:** Medical claims using Current Procedural Terminology (CPT) codes A0430, A0431, A0435, and A0436.
3. **Claims included/excluded:** Final adjudicated medical claims for an air ambulance flight where the payer was designated as the primary payer, service date in calendar year 2019.
4. **Air Ambulance Providers:** We used the National Provider Identifier (NPI) listed on the claim as the billing provider to identify the air ambulance company. If the field is blank, the service provider was used. If both billing and service provider NPIs were blank, the provider name was used. We combined variations in air ambulance names into single entities where appropriate.
5. **Financial fields:**
 - a. **Charge (billed) amount** – The amount that the air ambulance requested to be paid
 - b. **Patient responsibility** – The total amount that the plan estimates to be the patient's responsibility for the air ambulance service. If a patient has secondary coverage, part or all of this responsibility may be covered by another payer. NOTE however, if the air ambulance is considered out of network the patient may be balance billed (see 5-d below).
 - c. **Calculating medians** – Since over half of the air ambulance claims have no patient responsibility, the overall median is \$0. The reported medians are conditional medians where all claims with no patient responsibility are excluded.
 - d. **Balance Billing:** If a payer does not have a contract with the air ambulance, the patient may be billed for the difference between the billed charge and the allowed amount. This possibility (called "balance billing") is not captured on a medical claim.